Massachusetts Suicide Prevention Working Group

Strategic Plan for Suicide Prevention

DRAFT

This Draft was developed by members of the Suicide Prevention Working Group of the Massachusetts Violence Prevention Task Force.

State agencies have not formally endorsed this Draft.

Comments and suggestions are welcome.

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MASSACHUSETTS VIOLENCE PREVENTION TASK FORCE

DRAFT

Massachusetts Strategic Plan for Suicide Prevention

Preface

Suicide is one of the ten leading causes of death in the United States, resulting in approximately 30,000 deaths per year.[1] Suicide exacts a significant toll on the lives of the citizens of Massachusetts. Our Commonwealth loses an average of 500 lives to suicide each year.[2] The resulting suffering, trauma, and loss devastate the lives of family members, friends and co-workers.

The Massachusetts Strategic Plan for Suicide Prevention was developed in response to the *Call to Action to Prevent Suicide* issued by Surgeon General David Satcher in July 1999.The Massachusetts Suicide Prevention Working Group, representing numerous disciplines, worked together to develop this Plan to guide and coordinate our statewide efforts. The Plan creates a framework for our state's strategy to confront this serious public health issue. The goals and objectives are reflective of the recommendations outlined in the National Strategy for Suicide Prevention[3] in a manner that makes this Plan appropriate for our state. It represents the combined work of over 50 suicide prevention experts, advocates, clinicians, researchers, legislators, and survivors.

The development of goals, objectives, and strategies is the first step in formulating a plan of action to meet the challenge of preventing suicide. Massachusetts is one of only a few states whose Plan addresses the problem across the life span.

The Massachusetts Strategic Plan for Suicide Prevention is designed to encourage groups and individuals to work together. Crucial to the future success of the effort is the development of broad-based support for suicide prevention. Collaboration across a wide spectrum of agencies, institutions and groups, from mental health and other health care agencies to schools to faith-based organizations, is a way to ensure that suicide prevention efforts are comprehensive.

In the implementation of this plan, the Suicide Prevention Working Group hopes that communities will take the next steps to assess and plan for preventing suicide at the local level. The Plan is intended to be a work in progress with regular revisions to best address the challenge of preventing suicide in Massachusetts. We welcome comments and suggestions that would make this Plan more effective.

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[1] National Center for Injury Prevention and Control, Center for Disease Control
[2] Vital Registry of Records and Statistics, MA Department of Public Health
[3] National Strategy For Suicide Prevention: Goals and Objectives For Action, U.S.Department of Health and Human Services, Public Health Service, 2001

MASSACHUSETTS VIOLENCE PREVENTION TASK FORCE

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Massachusetts Suicide Prevention Working Group
Strategic Plan for Suicide Prevention
Summary

The Massachusetts Strategic Plan for Suicide Prevention targets eleven goals, and includes: the rationale for the goals, the objectives, and the suggested strategies to implement the goals, which include some or all of these components; policy, education, direct services, engineering/environmental, community organizing, and resources.

The Goals of the Massachusetts Suicide Prevention Working Group Strategic Plan for Suicide Prevention are:

1. Improve and expand surveillance systems;
2. Promote awareness that suicide is a preventable public health problem;
3. Develop broad-based support for suicide prevention;
4. Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services;
5. Develop and implement community-based suicide prevention programs
6. Reduce access to lethal means and methods of self-harm;
7. Implement professional training programs in recognizing and treating suicidal behavior for those who are in regular contact with persons at risk;
8. Develop and promote effective clinical practices to reduce suicide morbidity and mortality;
9. Improve access to and community linkages with mental health and substance abuse services;
10. Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media;
11. Promote and support research on suicide and suicide prevention.

If you would like a copy of the complete DRAFT Plan, and for information on the forums to be held for public comments, you may access both at http://www.violenceprevention.com/events or call Christine M. Farrell at (617) 624-5433.

Massachusetts Suicide Prevention Working Group

Strategic Plan for Suicide Prevention
Draft

Goal # 1 Improve and expand surveillance system

Rationale

Surveillance – defining the problem – is the first step in a public health approach to prevention. Surveillance of suicide includes information on suicide mortality and morbidity resulting from suicidal behavior. Existing surveillance systems provide only a partial picture of suicide and self harm in the Commonwealth.

In Massachusetts, information on suicide mortality – suicide deaths – are obtained from Vital Statistics, coded by medical examiners on death certificates. Lacking clear information related to intentionality, medical examiners might code the death as substance abuse or motor vehicle-related, or as undetermined or unintentional. Pressure from loved ones and historical stigma against suicide may also influence how a death is coded. Therefore, nationally it is estimated that suicide deaths are under-reported by 20-30%.

Suicidal morbidity or data on suicide attempts or ideation are harder to capture. Self inflicted injuries that result in an admission to an acute care hospital are available from the Massachusetts Hospital Discharge Data Set, and a sample of those treated and released from acute care emergency departments are obtained through the Injury Surveillance Program at the Massachusetts Department of Public Health. However, these systems fail to capture admissions to acute care hospitals for suicidal behavior which did not result in an injury, and do not include information on any suicidal behavior that results in an admission to a psychiatric hospital, to a Veteran's Administration hospital, or to a state facility.

Questions on suicidal behavior are included in the Massachusetts Youth Risk Behavior Survey (MYRBS) (administered by the Massachusetts Department of Education to students in public high schools) but are not included in the Behavioral Risk Factor Surveillance System (BRFSS), administered to Massachusetts' adults by the Massachusetts Department of Public Health. Yet it is middle aged and older adults who are at greatest risk for suicide[4]. Suicide deaths of those under 18 are being reviewed by some county Child Fatality Review Teams, but there is no system in place to review suicide deaths of those over 18. More information on suicide and suicidal behavior among adults could yield important prevention information.

It is critically important to increase surveillance of suicide mortality and morbidity to fully define the scope of the problem and plan for prevention.

Objectives

1.1 Develop and refine a standardized protocol for death scene investigations and implement these protocols. (Mid-term)

[4] Suicide and Self-Inflicted Injury in Massachusetts, 1996-1998, MA Department of Public Health

1.2 Implement Death Reviews/Follow Back Studies of all suicide deaths. (Long term)

1.3 Increase the quality and quantity of data on hospitalizations for suicidal behavior in Massachusetts. (Long term)

1.4 Increase information on suicidal behavior that may not result in a hospitalization. (Long term)

1.5 Publish an annual report on suicide and suicidal behavior in Massachusetts, integrating data from multiple state data management systems. (Short term)

1.6 Increase the number of state health and safety surveys that include questions on suicidal behavior. (Mid-term)

1.7 Implement a model project that analyzes and links information related to self-destructive behavior derived from separate systems. (Long term)

Suggested Strategies

Policy: Increase surveillance of suicide deaths and self-inflicted injuries.

Education: Develop training modules that educate acute care emergency department, psychiatric hospital, and EMS systems staff on the importance of collecting suicide-related data, standards of data quality, and how to collect data.

Engineering/Environmental: Develop a simple, ongoing and systematic surveillance system for collecting information on suicide attempts and self-inflicted injuries.

Resources: Provide resources for staff surveillance, collaboration with hospitals and EMS and information on other states' experience with surveillance.

Goal # 2 Promote awareness that suicide is a preventable public health problem

Rationale

Most people are not aware that suicide is a leading cause of death nationally and in Massachusetts. Promoting awareness that suicide is a major public health issue has potential for influencing people to be more vigilant for risk factors in themselves and among people they know.

Increased awareness should result in more people providing assistance to at-risk persons and in more people seeking assistance when they are at risk of suicidal behavior. Awareness among policy makers may result in efforts to modify policies and to allocate resources towards suicide prevention efforts.

Objectives

2.1: Develop and implement a public information campaign designed to increase public knowledge of suicide prevention. (Short term)

2.2: Establish and enhance existing meetings on suicide prevention designed to foster collaboration with stakeholders and the general public on prevention strategies across disciplines. (Short term)

2.3: Convene forums that reinforce the effectiveness of suicide prevention messages. (Short term)

2.4: Increase the number of both public and private institutions that are involved in collaborative, complementary dissemination of suicide prevention information on the World Wide Web. (Short term)

Suggested Strategies

Policy: Collaborate with media outlets to cover topics related to suicide as a public health issue and to assist in educating the public about suicide prevention. Provide information to create legislative awareness through public policy around suicide prevention.

Community Organizing: Promote awareness of suicide as a public health issue in communities and through community-based organizations. Increase participation in the Suicide Prevention Working Group.

Education: Educate policy makers and the general population about suicide as a public health issue using forums, the media, and awareness events. Participate in public events and conferences to disseminate information about the Suicide Prevention Working Group. Identify organizations that have information on suicide prevention and communicate with them about web content.

Resources: The effort will mainly require in-kind human resources to organize and deliver messages in and to appropriate mediums.

Goal # 3 Develop broad-based support for suicide prevention

Rationale

Since suicide and suicidal behavior are the result of complex, multidimensional biological and psychosocial factors, the prevention of self-violence and suicide will require an ecological, multidisciplinary approach. The Massachusetts Suicide Prevention Working Group recognizes that no one agency or program alone can reduce the incidence of suicide. It has, therefore, established a broad-based coalition with representation from a wide spectrum of public and private agencies, institutions, and organizations. Similar collaborative efforts will be required at the community and regional levels in Massachusetts.

Suicide prevention strategies at the local, state, and national level will require public/private partnerships. Without these partnerships, efforts will be only marginal in their impact.

One goal of the National Strategy for Suicide Prevention has been the development of collective leadership and increasing the diversity of groups working to prevent suicide. This goal applies at the state level, and must be a key factor at the community level.

The development of broad-based support for suicide prevention will require ready access to information, research, best practices and program models and literature resources. This includes the identification of multiple sites can disseminate these resources.

Objectives

3.1 Increase participation in the Massachusetts Suicide Prevention Working Group to include appropriate agencies, organizations, and institutions not yet represented to help implement the Massachusetts Strategy for Suicide Prevention. (Short-term)

3.2 Encourage agencies and organizations involved in suicide prevention to work within a collaborative framework at the community and/or regional level. (Short-term)

3.3 Increase the number of state, professional, voluntary, and other groups that integrate suicide prevention activities into their ongoing programs and activities. (Mid-term)

3.4. Increase availability of monographs, periodicals, videos, outreach posters, information pamphlets, etc., on suicide and suicide prevention in the Massachusetts Prevention Centers Resource Libraries. (Short term)

3.5. Develop and maintain an extensive web site on suicide, suicidal ideation and suicide prevention. (Mid-term)

Suggested Strategies

Community Organizing: Through the Massachusetts Suicide Prevention Working Group galvanize support for the State Plan and seek participation of key stakeholders.

Policy: Develop criteria for suicide prevention activities that encourage the development of suicide prevention coalitions at the community and/or regional level.

Education: Reach out to public and private agencies and organizations to promote awareness of suicide prevention and the Massachusetts Suicide Prevention Strategic Plan and to promote active participation in local and statewide suicide prevention activities.
Convene a "Massachusetts Strategy for Suicide Prevention Funders Forum."

Resources: Utilize the Massachusetts Suicide Prevention Working Group, existing organizations and materials that address suicide prevention, the Massachusetts Prevention Centers, and other professional and advocacy organizations as resources.

Goal # 4 Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.

Rationale

Ninety percent of all suicidal behaviors are associated with some form of mental illness and/or substance abuse disorder. An estimated 50 million Americans experience a mental disorder in any given year and only one-fourth of them may actually receive treatment; a significant number who do receive treatment will be incorrectly diagnosed, receive inappropriate care and/or discontinue treatment against medical advice.

The stigma of mental illness and substance abuse prevents many persons from seeking assistance. Stigma has contributed to the silence and shame associated with mental health problems and suicide. Family members of survivors of suicide attempts often hide the behavior from friends and relatives, believing that it reflects badly on their own relationship with the suicide attempter or that suicidal behavior itself is shameful or sinful. Stigma has contributed to the inadequate funding for preventative services and to low insurance reimbursements for treatments. Stigma has been identified as the most formidable obstacle to future progress in the arena of mental health (U.S. Dept. of Health and Human Services, 1999).

Objectives

4.1 Increase the proportion of the public that views mental and physical health as equal and inseparable components of overall health. (Mid-term)

4.2 Increase the proportion of the public that views mental disorders as real physical illnesses that respond to specific treatments. (Long term)

4.3 Increase the proportion of the public that views consumers of mental health, substance abuse, and suicide prevention services as pursuing fundamental care and treatment for overall health. (Long term)

4.4 Increase the proportion of those exhibiting suicidal behaviors who also have underlying disorders who receive appropriate mental health treatment. (Long term)

Suggested Strategies

Policy: Encourage statewide professional groups and associations concerned with mental health, health care, substance abuse, faith communities, public safety, youth, elders, and others that focus on policy development to address the issue of stigma associated with being a consumer of mental health and substance abuse prevention services.

Community Organizing: Promote adequate resources and technical assistance for new and existing community-based efforts, especially in helping to reduce the stigma associated with mental illness and suicide.

Education: Promote education (the single most potent strategy in reducing stigma) and efforts to increase the dissemination of educational materials for diverse target populations.

Resources: Promote anti-stigma campaign materials and strategies, including the Massachusetts Department of Mental Health's Anti-Stigma campaign determine best practices and materials to replicate and integrate with Massachusetts' anti-stigma efforts.

Goal # 5: Develop and implement community-based suicide prevention programs

Rationale

The American Association of Suicidology estimates that 9 out of every 10 suicides are preventable. Effective suicide prevention requires a broad-based community commitment. Although there is not any one "suicide type," there are individuals who are at a higher risk based on particular risk factors. To help individuals in need within communities, leaders must mobilize resources, identify risk and protective factors, and bring focused attention to the issue of suicide.

Successful suicide prevention and intervention strategy is based on a public health approach. Evidence-based approaches and evaluations are needed as programs are developed. The scientific study of suicide prevention is still in its infancy, existing evidence-based strategies must be utilized and new ones tested.

Objectives

5.1 Establish a single number linking existing Massachusetts's crisis lines. (Mid-term)

5.2 Develop and utilize a statewide database of suicide prevention resources. (Short term)

5.3 Define key outcomes for a suicide prevention training curriculum such as protective and risk factors, resiliency, risky behaviors, identification of problem, crisis intervention for those at risk of suicide or for those displaying suicidal behavior, and post-vention. (Short term)

5.4 Conduct training in the area of suicide prevention for community agencies and individuals from a wide variety of populations. Specific populations may include the elderly, adolescents, young and mid-life adults, gay/lesbian/bisexual/transgender individuals, those in the correctional or juvenile justice system or other institutions, and immigrants. (Short term)

5.5 Conduct training for suicide prevention program staff around suicide prevention and intervention. (Short term)

Suggested Strategies

Policy: Implement the Suicide Prevention Working Group's Massachusetts Suicide Prevention Strategic Plan.

Community Organization: Develop Support networks for at-risk individuals and the implement and evaluate evidence-based suicide prevention interventions at the state and local levels.

Education: Develop training modules to be used with various target populations that include sections for both potential helpers and those in need of services.

Direct Service: Support the identification of interventions, barriers to access to treatment, and increase awareness of the availability of prevention services.

Resources: Increase access to and availability of community-based suicide prevention programs including, counseling, mental health, and substance abuse treatment services.

Goal # 6: Reduce access to lethal means and methods of self-harm

Rationale

Research indicates that some suicides and many non-lethal self-injuries are impulsive responses to acute crises or recent losses. Studies have determined that those who make a significant suicide attempt that does not result in a completed suicide may not pursue more lethal means if it is not available to them. Limiting access to lethal and non-lethal methods of self-harm may be an effective strategy to prevent self-destructive behavior and suicide in such cases.

According to the Massachusetts Department of Public Health, suffocation, firearms and poisonings are the leading methods of suicide in Massachusetts. Firearms and poisonings together made up about 50% of all methods used in Massachusetts suicides between 1996 and 1998. Poisonings constituted 83% of self-inflicted injury hospitalizations in Massachusetts between 1996 and 1998.[5] Window guards, bridge barriers, and safer medication packaging also have the potential to prevent suicides and self-injuries.

Objectives

6.1 Work with the MA Department of Mental Health to increase the proportion of primary care, mental health clinicians, and public safety officials who routinely assess the access to lethal means in the home or institutional setting in higher risk situations (persons with depression, persons recently arrested). (Mid-term)

6.2 Increase the proportion of households that have been exposed to public information designed to reduce the accessibility of lethal means in the home. (Mid-term)

6.3 Identify locations where architectural modifications may prevent suicide. (Mid-term)

6.4 Promote safe and secure storage of materials that could be used for self-injury, for the purpose of promoting decreased access for persons at risk of self-harm. (Long term)

6.5 Promote appropriate architectural and engineering standards in the design and building of bridges, buildings, and other locations where suicide attempts may occur. (Long term)

6.6 Establish a system that maps high incident locations of suicide deaths or self-inflicted injuries. (Long term)

Suggested Strategies

Policy: Support the development of policies that reduce access to lethal means. Work with pharmaceutical companies and firearm manufacturers to encourage research and development of new technologies and appropriate barriers to access. Promote architectural and engineering innovations that create barriers to suicide.

Community Organizing: Identify and organize community-based organizations to assist with educating professionals, parents, caregivers, and legislators regarding issues of reducing access to lethal means.

[5] MA Department of Public Health: Suicide and Self-Inflicted Injury in Massachusetts, 1996-1998. May 2001

Education: Provide training for health, mental health, and public safety professionals on assessing for access to lethal means among persons at risk for suicidal behavior. Provide education to parents and caregivers regarding risks associated with access to lethal means.

Direct Services: Encourage assessment of access to lethal means by clinicians and other professionals who interact with potentially high-risk individuals.

Engineering/Environmental: Promote architectural and engineering design, pharmaceutical innovations, and other technologies that may reduce the risk of self-injury.

Resources: Promote the development of resources for training, educational, and community organizing endeavors and environmental modifications.

Goal # 7 Implement professional training programs in recognizing and treating suicidal behavior for those who are in regular contact with persons at risk.

Rationale

There are many different settings where trained personnel can intervene with individuals at risk for self-injury and/or suicide. It is well known that 45% of those who die by suicide have had some contact with a mental health professional in the year before their death. Elders are at highest risk for completed suicide. 75% of elders who complete suicide visited their primary care physician in the month prior to their death. Trained personnel who regularly come into contact with people at risk for suicide have been called "key gatekeepers," and include teachers, clergy, police, physicians, nurses, therapists, to name a few. The environments in which key gatekeepers regularly interact with suicidal persons are varied. Massachusetts is proud of its nationally renowned school systems, higher institutions of learning, top-rated hospitals, as well as its diverse population. There are many places in Massachusetts where we can affect suicide prevention by implementing training programs for key gatekeepers.

Objectives

7.1 Assess current awareness, attitudes and knowledge of Massachusetts's health and human service professionals about suicidal behavior. (Long term)

7.2 Implement key gatekeeper suicide prevention training programs in Massachusetts to ensure adequate recognition and treatment of suicidal behavior. (Short term)

7.3 Understand of the effect of key gatekeeper suicide prevention training programs on suicide mortality and morbidity in Massachusetts. (Short term)

Suggested Strategies

Education: Implement training programs in the recognition and treatment of suicidal behavior across different human services disciplines including medical and mental health, legal services including courts and law enforcement, education system, and religious organizations. This training program should focus mostly on the secondary prevention of suicidal behavior, but may have an impact on the primary prevention of suicidal behavior amongst their consumers in the long term. It should include instruction on identification of a person at risk, appropriate counseling and treatment, and on availability of referral services in Massachusetts. Initially, this training program can be incorporated in primary clinical training settings, such as nursing schools, medical and psychiatry residency programs, social work and psychology practicuum training. A suicide prevention education program can also be incorporated into all primary training programs and continuing education programs of health and human service professionals.

Policy: Promote implementation of suicide prevention education in primary training programs and in continuing education programs, and encourage all human and health service state licensure programs have a component of suicide prevention education.

Community Organizing: Promote collaboration between the Massachusetts Department of Mental Health, the Massachusetts Suicide Prevention Working Group and other coalitions that

address the mental health needs of the public (including suicidal risk) to maximize knowledge of currently available training programs for health and human service professionals and to access resources that may have already performed a need-based assessment of the varied disciplines being targeted for our suicide prevention program implementation. This collaboration would also be crucial in the program evaluation component of the plan, as collection of the data assessing program outcomes will certainly be laborious, necessitating a coalition of data analysts.

Resources: Encourage coalition building between different groups in Massachusetts that address the mental health needs of the state in order to promote information and resource sharing.

Goal # 8 Develop and promote effective clinical practices to reduce suicide morbidity and mortality

Rationale

Nationwide, for every suicide death, there are 5 hospitalizations and 22 emergency department visits for suicidal behavior. Massachusetts has one of the most generous health care access programs in the country, and a relatively higher number of hospitals per person. Therefore, our number of hospital visits for suicidal behavior may be even higher than the country overall. The mandate to identify individuals at risk for suicide, to engage them in effective, early treatments, and to promote protective factors in suicide prevention is especially urgent for Massachusetts.

Suicide and self-injury can be prevented by identifying individuals at risk and by engaging them in early and aggressive treatments which are effective in reducing the factors associated with suicidal behavior. Increasing the presence of protective factors for persons at risk can also prevent self-injury.

Professionals in health and mental health care, public health, education, and law enforcement may be involved in the identification, referral, and treatment of persons at risk. The quality of identification, referral, and treatment of high-risk individuals may be improved by the identification and implementation of effective clinical practices.

Objectives

8.1 Collaborate with the MA Department of Mental Health to develop and promote best-practice, evidence-based guidelines on the recognition of suicidal behavior and recommended algorithms for immediate treatment, including an appropriate referral plan. (Short term)

8.2 Distribute suicide prevention guidelines to emergency department, primary care, mental health and substance abuse provider practices. (Mid-term)

8.3 Reinforce current guidelines regarding the diagnosis and treatment of patients with mood disorders. (Short term)

8.4 Reinforce the treatment algorithm for post-trauma patients in emergency departments, and recognize that they are at risk for future mental illness and suicidal behavior. (Short term)

8.5 Include suicide prevention guidelines in standard quality improvement initiatives. (Mid-term)

Suggested Strategies

Education: Dissemination of best-practice guidelines in the diagnosis and treatment of suicidal behavior can occur through educational venues in various provider settings. Emergency, primary care, mental health, and substance abuse providers can be the primary targets of this guideline dissemination and implementation, but certainly other professionals who care for suicidal persons should be addressed in the future. Reinforcement of current best-practice guidelines for the treatment of mood disorders should occur largely through provider educational seminars.

Policy: Encourage inclusion of suicide prevention strategies in nationwide quality improvement initiatives such as the Health Plan Employer Data and Information Set (HEDIS) that will ensure that suicide prevention becomes an important quality measure of care.

Resources: Development of clinical guidelines is a broad venture that will likely occur across several academic institutions and different clinical departments. Shared resources allocated towards the goal of suicide prevention guideline development will be a necessary part of this goal.

Community Organizing: Community leaders and advocates can play a crucial role in the development and the dissemination of suicide prevention guidelines.

Goal # 9 Improve access to and community linkages with mental health and substance abuse services

Rationale

Persons with untreated mental health and substance abuse problems are at high risk for suicidal behavior. Access to mental health and substance abuse services is critical. Barriers to access should be reduced and linkages between various community agencies, mental health, and substance abuse treatment programs need to be established. Services must be integrated and coordinated, especially across different funding sources.

Parity legislation has increased access to treatment for many; however, some insurance coverage is still insufficient and uninsured individuals may still be without care. Scarce resources for inpatient, outpatient and detox programs, and trained professionals, increase the potential for persons to remain untreated. Barriers remain for many in need, including cultural or spiritual differences, language issues, not knowing when or how to seek care, concerns about confidentiality or discrimination, or geographic inaccessibility. Programs must become more sensitive to issues of discrimination based on age, geography, culture, gender, income, disability and sexual orientation. Intrinsic to many persons in need of mental health and substance use problems is the inability to reach out for care; it is therefore the responsibility of the community to develop screening and outreach services. Improving access will help ensure that at-risk populations receive the services they need, reducing the potential for resultant suicidal risk behavior.

Objectives

9.1 Increase the number of outreach programs for at-risk populations that incorporate mental health services/substance abuse and suicide prevention. (Long term)

9.2 Define age-specific guidelines for mental health and substance abuse screening and referral of at-risk populations, such as youth, adults, the elderly, individuals in adult and juvenile corrections, gay / lesbian / bisexual youth, and school and college students. (Mid-term)

9.3 Implement screening and referral guidelines in school districts, colleges, senior centers, corrections, DYS facilities, and other programs, senior centers, and other programs serving those at risk. (Mid-term)

9.4 Develop effective comprehensive support programs for suicide survivors, including follow-up treatment, support groups, and other services. (Long-term)

9.5 Complete an inventory of resources which support suicide prevention efforts and disseminate information to human service providers and the general public. (Short term)

9.6 Increase the number of seamless community-based mental health and substance abuse treatment services. (Long term)

Suggested Strategies

Policy: Address barriers to mental health and substance abuse services, including access to insurance and parity for covering persons employed by companies that self-insure and others not covered. For those covered by public insurance, address gaps in covered treatment services.

Community Organizing: Increase community awareness of risk behavior and increase availability of culturally competent and linguistically accessible outreach services

Education: Increase awareness of particularly vulnerable populations such as college students and the elderly; develop screening tools and appropriate linkages with crisis intervention and treatment services.

Direct Services: Work with the MA Department of Mental Health to increase access to an integrated network of effective, efficient, culturally competent and linguistically accessible mental health and substance abuse services, including suicide prevention and counseling services. Develop and implement standard best-practices protocols for effective response to and treatment of individuals at risk for suicide or who experience suicidal behavior.

Resources: Promote access to community-based clinics, school-based clinics, community crisis response teams, health and mental health professionals, crisis hotlines, and parity health insurance.

Goal # 10 Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media.

Rationale

Media – film, television, radio, newspapers, magazines and the internet – have a strong influence on the opinions of policy-makers and the public, and, therefore, are a critical partner in health promotion and prevention. In addition to the influence of national media, Massachusetts is home to many media with national visibility.
Media representations of suicide can influence other's suicidal behavior. The Centers for Disease Control and Prevention has issued guidelines for reporting of suicide. Yet, media covering a suicide does not always know these guidelines. In addition, individual suicides may be reported, but the larger context of the burden of suicide is rarely the subject of a story. Thus, relying on the media, the average person does not know of the full scope of suicide as a public health problem.

The Suicide Prevention Working Group has generated some good press placement to promote suicide prevention and the scope of suicide. Further efforts are needed to raise the awareness of suicide, to promote prevention of suicide, and to engage the media as a partner in prevention.

Objectives

10.1 Create a forum to connect Massachusetts' media with suicide prevention experts. (Short term)

10.2 Increase utilization of recommended CDC guidelines on reporting on suicide by the media in Massachusetts. (Short term)

10.3 Increase the proportion of Massachusetts academic journalism programs that include in their curricula guidance on the appropriate portrayal and reporting of mental illness, suicide, and suicidal behaviors. (Long term)

Suggested Strategies

Policy: Share the CDC media guidelines for reporting on suicide with all media covering suicide-related news events.

Community Organizing: Establish collaborative networks with local media and academic journalism programs.

Education: Educate media professionals on the revised media guidelines.

Resources: The revised guidelines for reporting on suicide, local media contacts, academic programs in journalism, local experts on suicide and suicide prevention.

Goal # 11 Promote and support research on suicide and suicide prevention.

Rationale

Suicide prevention is a relatively new field, with a limited science base. Few suicide prevention programs have been evaluated, and few resources are available to help community-based programs evaluate their efforts.

While this requires us to proceed cautiously with our prevention efforts, we must still proceed. There are lessons applicable to suicide prevention from over 20 years of substance abuse prevention research, and from the growing evidence base on preventing youth violence.

Suicide prevention efforts at the state, community, and individual program level can be strengthened by promoting research-based strategies, using research in program planning and development, including an evaluation component for each program and intervention, and collecting data.

There is a need for much more training in evaluating suicide prevention. Few community-based programs have the knowledge, skills, or resources to facilitate evaluation.

Objectives

11.1 Promote ongoing dissemination of science-based suicide prevention models and use of research-based strategies for suicide prevention. (Short term)

11.2 Establish and maintain a current directory of suicide prevention activities with demonstrated effectiveness. (Mid-term)

11.3 Promote the evaluation of suicide prevention activities. (Short term)

11.4 Increase the percentage of suicide prevention programs that conduct program-specific research, and/or participate in research and evaluation efforts of others. (Short term)

Suggested Strategies

Policy: Encourage suicide prevention programs to include an evaluation component.

Community Organizing: Encourage all Massachusetts suicide prevention programs to participate in the Massachusetts Suicide Prevention Working Group and share successful models and strategies.

Education: Educate key stakeholders on evidence-based strategies for suicide prevention. Include materials on science-based suicide prevention in the Massachusetts Prevention Center Library system

Engineering/Environmental: Create an environment that supports participation in research related to suicide prevention.

Resources: Existing national and state research on suicide and suicide prevention, funding for suicide prevention.